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Strengthening the Integrated Reproductive Health Training System for Primary Level Providers of the Mexican Social Security Institute (IMSS)

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OVERVIEW

In a country of 96 million people, the Mexican Social Security Institute (IMSS) is a leading provider of health care services. In early 1997, in collaboration with the PRIME project and with funding from the U.S. Agency for International Development (USAID), the IMSS Reproductive Health Coordination Unit developed a 2-year pilot project to strengthen their provider training system and improve the quality of reproductive health (RH) services provided at the primary care level. The IMSS/PRIME project designed and developed a training model, which includes a training support manual in integrated RH and 3 workshops and corresponding curricula that emphasize the principles of participatory adult education. An assessment of the project completed in May 1999 illustrates that the PRIME training model has increased training capacity within the IMSS to use a participatory, client-centered training methodology and has improved the quality of training and educational activities at the primary care level.

The project has formed 4 training networks of approximately 24 members each in 3 Mexican states: Puebla, Tlaxcala, and Guanajuato. The training networks are multidisciplinary and multi-level, both of which are new to IMSS training. Network participants are predominantly from the primary level (84 percent). The remainder are personnel from the central (national) and delegation (state) level. The networks include family physicians, nurses and social workers.

Interviews with project participants indicate a sense of professional and personal empowerment and provide anecdotal evidence of improved quality of care at the primary level and increased client satisfaction.

The project has received widespread recognition for its innovative, participatory approach, and its ability during a short time period to significantly change the training philosophy and approach at the IMSS RH Coordination Unit. The IMSS quickly embraced and institutionalized elements of this training and is currently planning to expand the use of the training model throughout their entire system of 1,570 Family Medical Units.

This *PRIME Perspectives* describes the project methodology, results, and plans for institutionalization of the training model throughout Mexico.

BACKGROUND

In April 1997 a team of PRIME technical staff met with personnel of the IMSS Medical Services Division, which includes the Reproductive Health, Medical Services, and Medical Education Coordination Units, to discuss possible areas of collaboration. The IMSS provides family planning and other RH services to more than 70 percent of the Mexican population. Through guided discussions and in-depth self-assessment by IMSS central-level staff, the PRIME team gathered information on the needs and desires of the IMSS. IMSS senior staff expressed interest in improving their training program to make it more effective and relevant to the primary level of care. Their goal was to provide comprehensive integrated RH services at the primary level and to improve the quality of services.

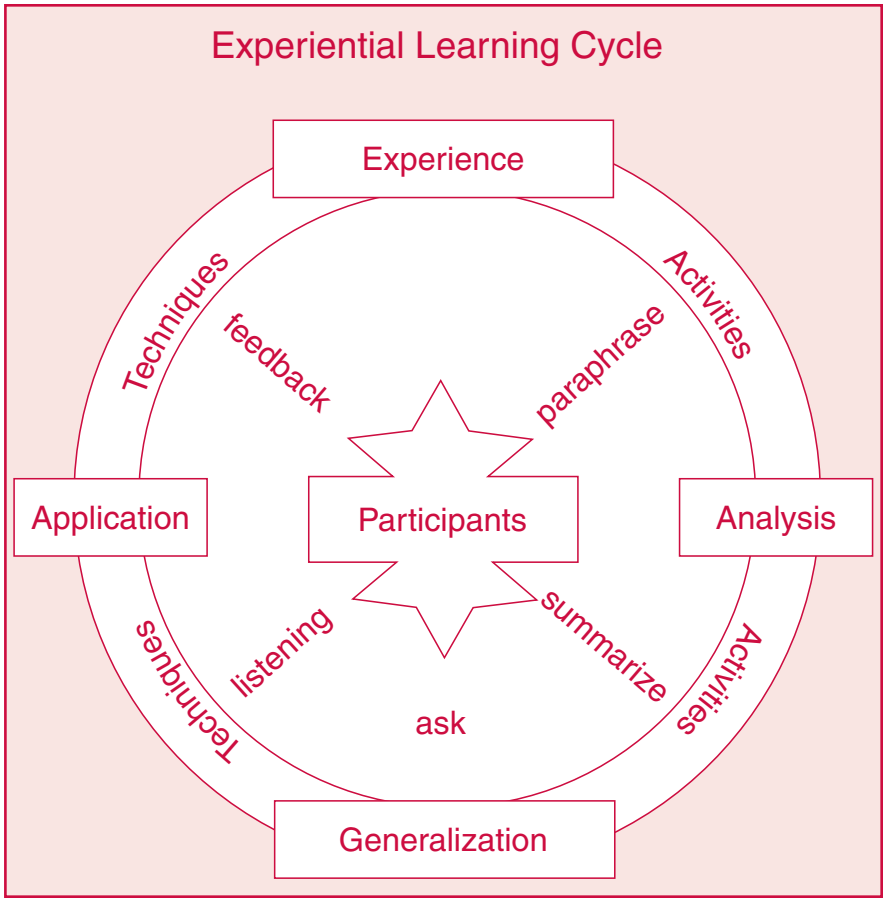
The project goal reflects IMSS efforts to implement the 1994 Cairo International Conference on Population and Development (ICPD) Program of Action. Following the Cairo ICPD Conference, Dr. Jorge Arturo Cardona, Director of the IMSS RH Coordination Unit, developed an integrated reproductive health mandate for IMSS service delivery, in which reproductive health concepts would be integrated and standardized at the primary level of care. The IMSS strategy for improving the reproductive health of women and men in Mexico consists of 7 interrelated programmatic "pillars," including informed consent, evaluation, peri-urban service delivery, adolescents, supervision,"family-friendly" clinics and training. The IMSS considers training to have a central supporting function in improving reproductive health, and IMSS staff conduct training sessions on an ad hoc basis as part of routine job functions.

IMSS and PRIME staff agreed to develop a pilot project in an urban area of 1 of the 13 states identified as "high priority" by USAID/Mexico, selecting the State of Puebla, which is close to Mexico City. Because the IMSS has a strong medical and technical capacity in reproductive health, the technical assistance requested from PRIME was related to conducting needs assessment, curriculum development, adult education principles, and the monitoring and evaluation of a training system. The training model developed and the corresponding curricula focused on these same areas.

METHODOLOGY

The training model developed in this project modified the more traditional cascade training model employed by IMSS. In the cascade model, training begins at the top, creating a national body of knowledge that is then passed down through the different levels of training programs, from the central to delegation to the operational level, until it reaches frontline service providers. In contrast, the principle focus of the training model developed by PRIME was the primary care level, with participants from each of the 3 levels included in each training network.

The model is based on the experiential learning cycle (see the diagram below) and principles of participatory, non-formal adult education that link training to real life. The program encourages trainees to express their feelings and opinions and draw on previous experiences. Training sessions include evaluation methods that provide immediate feedback to trainees regarding their learning progress. Adult education utilizes a variety of interactive training techniques, acknowledges the experiences and skills of trainees, and structures learning experiences around relevant tasks or problems. The program delivers workshop topics in a sequence designed to reinforce the development of training skills by participants. The practice of network participants acting as facilitators in subsequent training networks also enhances the development of skills.



In **Phase I** (April 1997 to September 1998) of the project, the IMSS and PRIME developed a series of 5 workshops and corresponding curricula. In the first workshop, participants analyzed the concept of integrated reproductive health, discussed the requirements for a training needs assessment (TNA) and developed a plan to conduct a TNA. The second workshop covered adult education theory, and facilitation and communication skills, providing participants with fundamental concepts, experiences and practice to develop and refine the skills necessary to train adults. The third workshop covered participatory training techniques and the experiential learning cycle and allowed participants to incorporate their experiences and apply the knowledge they had gained. Participants examined the use of interactive discussions, case study review, role-plays, small group work, and modeling of behaviors. They also analyzed the characteristics and links with the principles of adult education so that when they replicated the workshops with subsequent training networks, participants were able to apply the techniques to the training of adults. The fourth workshop covered techniques for micro and macro level design of RH training events. Macro level planning refers to the broader aspects of training, including identifying needs, defining a central theme, formulating general objectives, and planning the training event. Micro level planning includes the more detailed components of training, such as formulating specific objectives and identifying sub-themes, the scope of content, training techniques, the training sequence, and evaluation mechanisms. The fifth workshop focused on techniques for the monitoring and participatory follow-up of the training activities as a means to

maintain an ongoing evaluation of its quality and applicability. Within a month of the first workshop, 4 participants of the primary training network, acting as facilitators, replicated the workshop for the second training network. Subsequent workshops were replicated for the second and third training networks in a similar fashion and time frame. The replication process reinforced concepts learned in the training workshops, thus allowing participants to strengthen their own facilitation and training skills. Following each replication workshop, a week of field work was conducted to test, apply and compare the concepts introduced in the previous workshop.

In an effort to streamline the training and reduce participants' time away from work, the third network completed 4 total workshops, rather than 5. The first workshop, modified to include some principles of TNA, focused primarily on adult learning techniques and the experiential learning cycle methodology.

Phase II of the PRIME project focused on identifying the most effective way to replicate the training model throughout the IMSS primary care service delivery network. This phase extended over a period of 6 months (October 1998 to March 1999). As an initial activity, IMSS/ PRIME training network participants developed a Reproductive Health Manual in a highly participatory fashion, attending multiple workshops on its development. The manual standardizes and unifies basic RH information according to the definition of RH and guidelines established by the IMSS, as well as the training needs identified during Phase I.

Using the RH manual as a training support document, participants developed and evaluated 3 strategies to adapt the training model used in Phase I. The first strategy consisted of a 3.5 hour orientation session to the content of the RH manual and the training model. The second strategy consisted of a week-long training workshop that focused on the principles of adult education and participatory training techniques, using the RH manual as a reference tool. The third strategy consisted of 3 week-long workshops, designed to reflect the content of the 5 workshops established in Phase I, but in a more efficient and streamlined manner. This approach established a fourth network of trainers. The first workshop focused on the principles of adult education and participatory training techniques. The second workshop covered the macro and micro design of RH training events. The third workshop focused on the identification of training needs and the evaluation and monitoring of training events.

A monitoring and evaluation plan was developed to assess the 3 intervention strategies and to determine the most effective way to replicate the training for future institutionalization. Interviews with IMSS staff indicate that the second strategy (of 1 week-long workshop) with some modifications is the preferred approach. Tentative expansion plans include the creation of a network of trainees in each of the 5 remaining geographic regions of the country. The training networks (I through III) in Puebla and Tlaxcala represent 1 geographic region; network IV in Guanajuato represents another. Further expansion of the model could include training for the remaining 37 delegations that comprise the IMSS national service delivery network of 1,570 clinics (Family Medical Units). The training would be linked to the IMSS strategy for "family friendly" clinics. Trainers from the existing 4 training networks would facilitate these workshops. The new networks, in turn, would train the staff of the family medical units within each delegation.

> *"This open, inquiring, participatory approach is a complete change in attitude and approach, resulting in a 180 degree change in service quality."*
> - noted by a central level physician

PROJECT RESULTS

The IMSS/PRIME project has had a considerable impact on the scope and quality of the IMSS provider training system. The project has developed 4 training networks. It has had a positive impact on participant attitudes and workplace performance. Furthermore, the project directly contributed to the increased training capacity of primary personnel of the IMSS RH Coordination Unit and contributed to the institutionalization of the training approach.

The Training Networks

The project formed 4 training networks based in Puebla, Tlaxcala, and Guanajuato, Mexico, with 88 people completing training. The majority (84 percent) of participants in the 4 training networks are primary level staff, with representatives from the delegation (10 percent) and central level (6 percent).

Participants in the training networks were selected for participation through a questionnaire and follow-up interview by the IMSS and PRIME project coordinators. Participant selection criteria included 5 to 15 years of experience with IMSS, at least 5 years of experience in family medicine, interest in participating in the project on a voluntary basis, a capacity for team work, a commitment to the IMSS, and some experience in training instruction (with clients or other professionals). Ideally, participants had garnered the professional acceptance of their peers, possessed strong leadership skills, and had expressed a commitment to integrated reproductive health care.

> *"Now we have a friendlier and more attractive environment at the delivery site, and better quality and humanized care."*
> - noted by an operational level nurse

Although not part of the original project plan, the third training network came into being as a result of the commitment and enthusiasm of IMSS staff and the high level of interest generated by the training network participants. The Director of the IMSS Southern Region expressed interest in including Tlaxcala, and when space became available in the second training network, 8 individuals from Tlaxcala took part. Subsequently, the project coordinators established a third network of primary level staff from Tlaxcala. These participants voluntarily dedicated their own financial resources, and donated food, materials and supplies for the workshops.

Impact on Project Participants

PRIME staff interviewed participants at several points in the project, including in June 1998, October 1998, and April 1999.* Almost all those interviewed noted personal and professional growth, and a "significant" change in their attitude and approach to their professional work and in their personal lives. An operational level social worker noted, "Every day, in our clinic activity, we apply the concepts we learned in the workshops." Participants emphasized the importance of their increased knowledge of the experiential learning cycle and principles of adult education, making interactions with staff, clients and their own families more participatory, open, and needs-based. They expressed admiration for the multi-disciplinary and multi-level approach of the training. Many noted a perceived change in client satisfaction and motivation. Network participants at all levels, i.e., the central, delegation and operational levels of the IMSS, reported these findings.

Participants of the various levels and professions noted an improvement in their training skills and in the quality of their training activities, following their participation in the project training workshops. Most network participants have had the opportunity to apply the facilitation and other training skills learned in the workshops to their work settings, with colleagues, staff and clients. Respondents at all levels noted an impact in their performance in supervising and training employees. One physician noted, "We have

broken the illusion that adults don't learn." Participants noted better planned and organized trainings with staff, resulting in higher-quality sessions. Many participants noted a change in their training approach, for example, utilizing smaller group discussions to be more participatory, or utilizing other interactive discussions, e.g., in routine staff meetings.

This change in training skills and approach has resulted in increased personal and professional satisfaction of trainers (participants in the training networks), as well as anecdotal reports of improved satisfaction of those recipients of training from network participants, i.e., supervisors, colleagues and clients. One central level physician noted, "Now we are more committed." A delegation level participant noted "its benefit and usefulness."

Many participants noted a perceived improvement in service quality resulting from the training. Training participants at all levels and professions noted that, following training, they were less dogmatic and more apt to approach a situation (whether client counseling, staff training, or a family issue) by asking the individual's opinion and listening to responses. Several cited comments from clients about the feedback they had received, noting a friendlier and more attractive environment at the delivery site, and better quality and humanized care. Staff noted that the project and training had made client care more participatory, with more focused messages in educational sessions and client interviews, and with better organized subject matter. One nurse remarked, "Now we provide services according to clients' needs."

Network participants at both the central and operational levels noted the advantages of the project's change in focus from family planning to broader reproductive health services. They also emphasized the *integration* of services, as reflected in the RH manual, which includes a range of RH services that the IMSS defines as essential to the well-being of the family. One respondent noted that, "for many people, reproductive health is family planning. The goal is to open that up." Another participant noted that "before services were unconnected. Now with reproductive health, there is an integration of services. The family is treated as a whole–looking at the mother, father, and child." Another participant stated that integrated reproductive health "looks at the whole life cycle and prepares subsequent generations."

Institutionalization

There has been considerable institutional support and commitment to the IMSS/PRIME project on behalf of the IMSS, including dedicated funding, staffing, and public statements of support for the project. In the design phase of the project, the IMSS agreed to leverage USAID project funding with their own funds to cover local costs for the logistics of the training workshops. The IMSS also reallocated funds from other projects to Phase II of the IMSS/PRIME project.

The IMSS has committed more than 100 staff to participate in the project. The time commitment for participants was considerable for the 5 weeks of training, the replication workshops, field work, and development of the RH manual. The IMSS also designated a staff member to serve as a full-time project coordinator for the IMSS.

In October 1998, IMSS senior staff made a presentation on the IMSS/PRIME project to the Mexican Senate. In that presentation, Dr. Cardona and his supervisor, Dr. Mario Madrazo, Director of the IMSS Medical Services Division, endorsed the IMSS/PRIME training model as an innovative training approach that would contribute to meeting the service delivery objectives of the IMSS at the primary care level.

Phase II of the project clearly illustrates the increased autonomy and ownership of the project by the IMSS, in both the development and implementation of project activities. While PRIME technical assistance guided the

development of the RH manual, the first, second and third network participants generated the design, content and layout of the manual. IMSS staff, with limited oversight from PRIME designed the 3 strategies for streamlining the training model and the monitoring and evaluation plan for comparing these strategies.

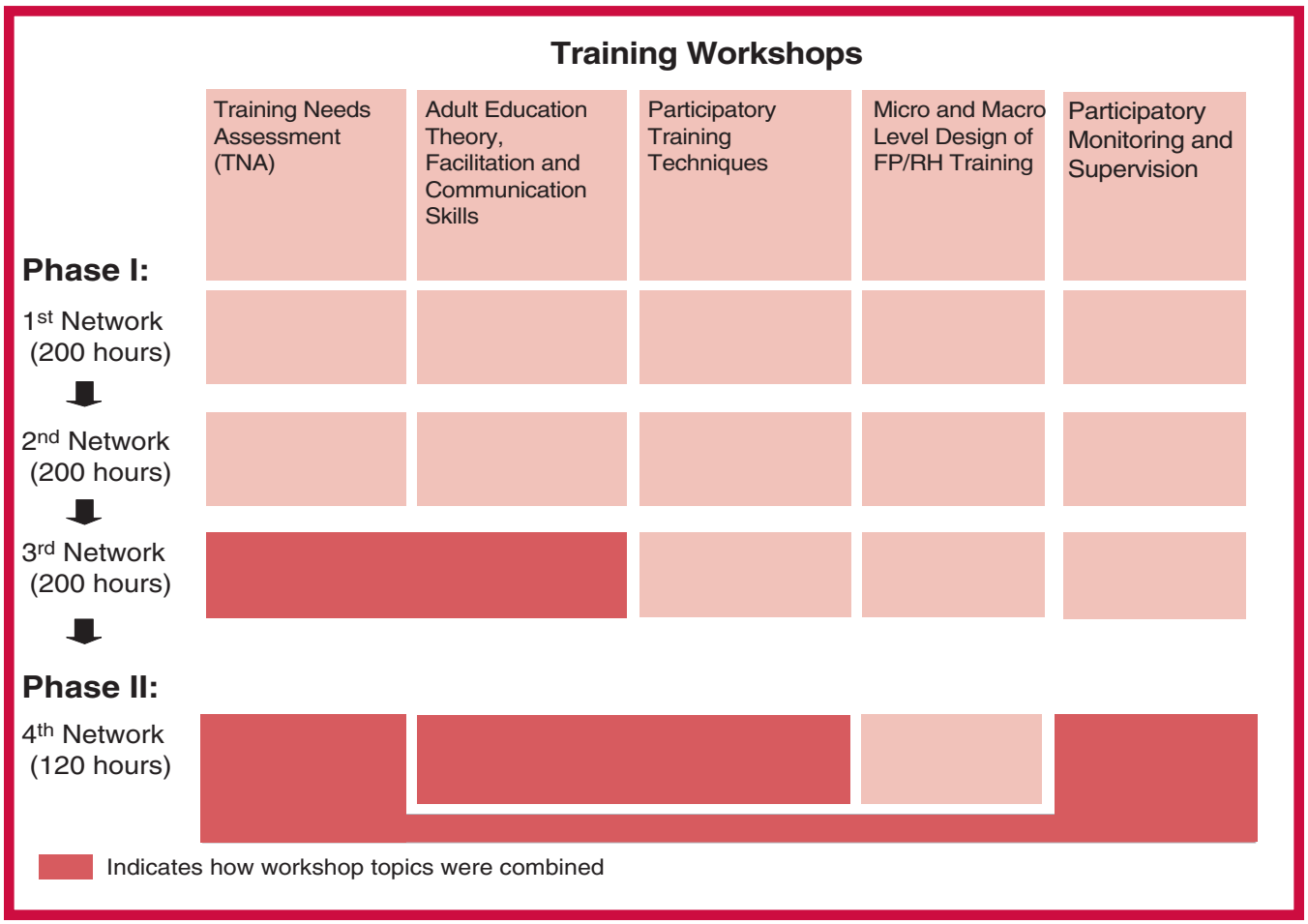
In early 1999 the first edition of the Reproductive Health Manual was printed, with an introductory letter written by Dr. Madrazo. This letter endorses the institutionalization of the IMSS/PRIME training model, and restates in glowing terms the IMSS commitment to integrated reproductive health and to the primary service care level.

The IMSS Medical Education Division will provide all IMSS/PRIME trainees with continuing medical education (CME) curricular credit for completing the project training sequence. This highlights the high degree of institutional value that the IMSS has placed on the training.

CONCLUSION

This project was highly successful because of many key factors, including leadership and support of the IMSS, PRIME, and USAID/ Mexico. Without the support of USAID/ Mexico, the project would not have been successful. Other key factors include the needs-based design, and the multidisciplinary, non-hierarchical, highly participatory training approach. In addition, the focus on improved quality of services with an integrated reproductive health approach was central to the success of the project.

Another aspect key to the project's success is the nature of the technical assistance (TA) provided. The TA was specifically requested



by the IMSS and was responsive to the needs and wishes of the IMSS, and was respectful of their expertise. The PRIME team did not enter with a set agenda, and worked closely with IMSS to design the project and define the technical assistance desired.

One of the most innovative aspects of the IMSS/PRIME project was an effort to change a very formal, structured, top-down, cascade training system by virtually turning it upside down. IMSS staff often describe this new model as "inverting the pyramid." The IMSS/PRIME training model has created a training network with participants from the IMSS central, delegation, and operational levels, with an emphasis on the primary care level.

The IMSS/PRIME pilot project significantly contributed to building institutional training capacity in reproductive health. The project successfully trained a core group of trainers in principles of adult education in the delivery of integrated reproductive health services at the primary level. Participants learned how to assess training needs, plan, implement and evaluate training activities and use a participatory, needs-based approach focused on the primary level of care. They have successfully applied these principles in their workplace and in the development and implementation of the RH manual.

By focusing on the primary level and an array of RH services, the project garnered much enthusiasm from participants and, anecdotally, from clients served. Participants repeatedly mentioned that they felt they were directly contributing to improved service quality and a more comprehensive service approach, focusing on the triad of mother, father, and child.

The IMSS will apply the project training model throughout its service delivery system in Mexico, thereby institutionalizing and contributing to the future sustainability of the approach.

*For additional information, refer to the PRIME Technical Reports on the IMSS/PRIME project: *Strengthening the Integrated Reproductive Health Training System for Primary Level Personnel of the Mexican Social Security Institute (IMSS),* D.N. Catotti, April 1999 and *Building Training Capacity in Reproductive Health: The PRIME Experience in Mexico*, S. Echeverria, forthcoming.

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